

AmeriCorps 2009–2010 Sample Packet

Ameri Corps 2010 Planner

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□ = Day packet is due to HQ

Time Frame: January 4 - 17, 2010

Due in Sacramento by Wednesday January 20, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed

☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

Sample pages are included for reference

		Date:					Signature:	Site Supervisor Signature:
		Date:				ure:	mber Signa	AmeriCorps Member Signature:
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Service f Time In Time Out # of Train Total Weekly Hours:	Service for the we
	or the week

Time Frame: January 18-31, 2010

Due in Sacramento by Wednesday February 3, 2010

To: Madeline Turner at Sacramento Headquarters

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		Date:					Signature:_	Site Supervisor Signature:
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mpliance with AmeriCorps	ccurate and in full cor	I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.	ge and belief and	f my knowled	ate to the best o	ent and accura	posted is curred Communities	I certify that all time posted is current and accura Restoring Youth and Communities requirements.
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			anager	, Program M	ine Turner	ue to Madel	This form is due to Madeline Turner, Program Manager

Time Frame: February 1-14, 2010

Due in Sacramento by Wednesday February 17, 2010

To: Madeline Turner at Sacramento Headquarters

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MOVE FORWARD TOWARD SUCCESS!!

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I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements. AmeriCorps Member Signature:	my knowledge aı		ıre:	AmeriCorps Member Signature:	America ps wer
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Time Frame: February 15-28, 2010

Due in Sacramento by Wednesday March 3, 2010

To: Madeline Turner at Sacramento Headquarters

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Time Frame: March 1-14, 2010

Due in Sacramento by Wednesday March 17, 2010

To: Madeline Turner at Sacramento Headquarters

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Time Frame: March 15-28, 2010

Due in Sacramento by Wednesday March 31, 2010

To: Madeline Turner at Sacramento Headquarters

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_Date:

Time Frame: March 29 - April 11, 2010
Due in Sacramento by Wednesday April 14, 2010
To: Madeline Turner at Sacramento Headquarters
Please Submit Original Documents Listed Below:

☑ <u>Time Sheets</u>

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		Date:				ire:	nber Signatı	AmeriCorps Member Signature:
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				Wanager	r, Program I	line Turne	lue to Made	This form is due to Madeline Turner, Program Manager	

Time Frame: April 12-25, 2010

Due in Sacramento by Wednesday April 28, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑ Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed

☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

Sample pages are included for reference

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Time Frame: April 26 – May 9, 2010

Due in Sacramento by Wednesday May 12, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed

☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

Sample pages are included for reference

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Time Frame: May 10-23, 2010

Due in Sacramento by Wednesday May 26, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed
- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

Sample pages are included for reference

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Time Frame: May 24 – June 6, 2010

Due in Sacramento by Wednesday June 9, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed
- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

Sample pages are included for reference

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Time Frame: June 7-20, 2010

Due in Sacramento by Wednesday June 23, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
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- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

- Sample pages are included for reference
- Don't forget to have your supervisor sign and date, when appropriate!!

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Time Frame: June 21- July 4, 2010

Due in Sacramento by Wednesday July 7, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed
- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

- Sample pages are included for reference
- Don't forget to have your supervisor sign and date, when appropriate!!

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Time Frame: July 5-18, 2010

Due in Sacramento by Wednesday July 21, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
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- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

Sample pages are included for reference

Don't forget to have your supervisor sign and date, when appropriate!!

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Time Frame: July 19- August 1, 2010
Due in Sacramento by Wednesday August 4, 2010
To: Madeline Turner at Sacramento Headquarters
Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed
- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

Sample pages are included for reference

Don't forget to have your supervisor sign and date, when appropriate!!

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Service for the week of: July 26 - August 1, 2010	eek of: <u>July 2</u>	Service for the w	,				Member	AmeriCorps Member:
							Fax	(916) 262-1362 Fax
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							a. 95823	Sacramento, Ca. 95823
					V	Ste. 219 \	ourgh Drive	4241 Williamsbourgh Drive, Ste. 219 W
					minities	th and Com	storing You	AmeriCorps Restoring Youth and Communities
							erations	D I I Darola Operation
				lanager	; Program N	line Turner	ue to Made	This form is due to Madeline Turner, Program Manager

Time Frame: August 2-15, 2010

Due in Sacramento by Wednesday August 18, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed
- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

MOVE FORWARD TOWARD SUCCESS!!

Sample pages are included for reference

Don't forget to have your supervisor sign and date, when appropriate!!

		Date:					Signature:_	Site Supervisor Signature:
		Date:				ture:	mber Signa	AmeriCorps Member Signature:
I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.	ccurate and in full	d that the facts stated are a	ge and belief and	f my knowled	ate to the best c s.	ent and accur requirements	posted is curr d Communities	I certify that all time posted is current and accurate Restoring Youth and Communities requirements
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							Fax	(916) 262-1362 Fax
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					munities	h and Com	storing Yout	AmeriCorps Restoring Youth and Communities
							rations	DJJ Parole Operations
				anager	, Program M	ine Turner	n to:	This form is due to Madeline Turner, Program Manager Mail original form to:

Time Frame: August 16-29, 2010

Due in Sacramento by Wednesday September 1, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed
- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

- Sample pages are included for reference
- Don't forget to have your supervisor sign and date, when appropriate!!

		Date:					Signature:_	Site Supervisor Signature:_
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npliance with AmeriCorps	ccurate and in tull com	r ceruly that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.	je and bellet and	т ту кпоміваў		requirements	d Communities	Restoring Youth and Communities requirements.
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							Fax	(916) 262-1362 Fax
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							n to:	Mail original form to:
				anager	, Program M	ine Turner,	ie to Madel	This form is due to Madeline Turner, Program Manager

Time Frame: August 30- Sept. 12, 2010

Due in Sacramento by Wednesday September 15, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed

☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

- Sample pages are included for reference
- Don't forget to have your supervisor sign and date, when appropriate!!

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							m to:	Mail original form to:
				anager	, Program M	ine Turner	ue to Madel	This form is due to Madeline Turner, Program Manager

Time Frame: September 13-26, 2010

Due in Sacramento by Wednesday September 29, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑ Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed

☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

- Sample pages are included for reference
- Don't forget to have your supervisor sign and date, when appropriate!!

		Date:					Signature:_	Site Supervisor Signature:_
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nber 13-19, 2010	eek of: <u>Septer</u>	Service for the week of: September 13-19, 2010	.211				Member:	AmeriCorps Member:
							2	(910) 202-1002
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							Fax	(916) 262-1362 Fax
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					munities	h and Com	erations	DJJ Parole Operations AmeriCorps Restoring Youth and Communities
				lanager	, Program N	ine Turner	ue to Madel m to:	This form is due to Madeline Turner, Program Manager Mail original form to:

Time Frame: Sept. 27- October 10, 2010

Due in Sacramento by Wednesday October 13, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑ Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed

☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

- Sample pages are included for reference
- Don't forget to have your supervisor sign and date, when appropriate!!

		Date:					Signature:_	Site Supervisor Signature:
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I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.	I that the facts stated are ac	ye and belief and	f my knowledg	ate to the best c	requirements	posted is curred Communities	Restoring Youth and Communities requirements.
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						Fax	(916) 262-1362 Fax
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				munities V	h and Com	storing Yout	AmeriCorps Restoring Youth and Communities
						rations	DJJ Parole Operations
			anager	, Program M	ne Turner	n to:	This form is due to Madeline Turner, Program Manager Mail original form to:

Time Frame: October 11-24, 2010

Due in Sacramento by Wednesday October 27, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed

☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

- Sample pages are included for reference
- Don't forget to have your supervisor sign and date, when appropriate!!

		Date:				ture:	mber Signa	AmeriCorps Member Signature:
I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.	accurate and in full	d that the facts stated are a	ge and belief and	of my knowled	ate to the best s.	ent and accur s requirement	posted is curr d Communities	I certify that all time posted is current and accura Restoring Youth and Communities requirements
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					<	Ste. 219 V	ourgh Drive	4241 Williamsbourgh Drive, Ste. 219 W
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Site Supervisor Signature:

	Date:					Signature:	Site Supervisor Signature:
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I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.	d that the facts stated are ac	ge and belief and	f my knowled	ate to the best o	ent and accur requirements	posted is curn d Communities	I certify that all time posted is current and accura Restoring Youth and Communities requirements:
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						Fax	(916) 262-1362 Fax
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						rations	DJJ Parole Operations
			1			n to:	Mail original form to:
			anager	, Program M	ine Turner	ie to Madel	This form is due to Madeline Turner, Program Manager

Time Frame: October 25- November 7, 2010

Due in Sacramento by Wednesday November 10, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed

☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

- Sample pages are included for reference
- * Don't forget to have your supervisor sign and date, when appropriate!!

		Date:					Signature:_	Site Supervisor Signature:
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I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.	ccurate and in fu	d that the facts stated are a	ge and belief and	of my knowledg	ate to the best o	ent and accura requirements	posted is curn d Communities	I certify that all time posted is current and accura Restoring Youth and Communities requirements
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				anager	, Program N	ine Turner,	ie to Madel	This form is due to Madeline Turner, Program Manager

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							rations	DJJ Parole Operations
				anager	Program M	ine Turner,	n to:	Mail original for
				anager	Program M	ine Turner,	n to: rations	<i>This form is due to Madeline Turner, Program Manager</i> Mail original form to: DJJ Parole Operations

Time Frame: November 7-17, 2010

Due in Sacramento by Wednesday November 19, 2010

To: Madeline Turner at Sacramento Headquarters

Please Submit Original Documents Listed Below:

☑Time Sheets

- Use time sheets provided for supervisors approval, than forward originals per scheduled time frame
- Make a copy for yourself for future reference

☑Travel Claim Sheet

- Each travel claim sheet must be equivalent to the same time frame as your time sheet
- Be specific and detailed
- ☑ Include ALL <u>AmeriCorps Service documents in support</u> of service/training work during above time frame

- * Sample pages are included for reference
- Don't forget to have your supervisor sign and date, when appropriate!!

		Date				ture:	mber Signa	AmeriCorps Member Signature:
pliance with AmeriCorps	ccurate and in full com	I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.	ge and belief and	if my knowled:	ate to the best o	ent and accur	posted is curn d Communities	I certify that all time posted is current and accura Restoring Youth and Communities requirements.
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	# of Service Hrs	# of Training Hrs	Time Out	Time In	Time Out	Time In	Date	Day
							ame)	(Please Print Name)
nber 8-14, 2010	eek of: Noven	Service for the week of: November 8-14, 2010					Member:	AmeriCorps Member:
							Fax	(916) 262-1362 Fax
								(916) 262-1363
							a. 95823	Sacramento, Ca. 95823
		0 9			V	, Ste. 219 V	ourgh Drive	4241 Williamsbourgh Drive, Ste. 219 W
					E		erations	American Betations
							m to:	Mail original form to:
				anager	, Program N	ine Turner	ue to Madel	This form is due to Madeline Turner, Program Manager

		Date:					Signature:_	Site Supervisor Signature:
		Date:				ture:	mber Signa	AmeriCorps Member Signature:
					,,	requirements	d Communities	Restoring Youth and Communities requirements
mpliance with AmeriCorps	ocurate and in full co	I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps	ge and belief and	if my knowled	ate to the best o	ent and accur	posted is curn	I certify that all time
			y Hours:	Total Weekly Hours:	То			
							11/21	Sunday
							11/20	Saturday
							11/19	Friday
							11/18	Thursday
							11/17	Wednesday
							11/16	Tuesday
							11/15	Monday
	# of Service Hrs	# of Training Hrs	Time Out	Time In	Time Out	Time In	Date	Day
							ame)	(Please Print Name)
Service for the week of: November 15-17, 2010	eek of: Nove	Service for the w					Member:	AmeriCorps Member:
							T dX	(910) ZOZ-130Z FAX
							T .	(916) 262-1363
					<	, Ste. 219 V	ourgh Drive, a. 95823	4241 Williamsbourgh Drive, Ste. 219 W Sacramento. Ca. 95823
					munities	h and Com	storing Yout	AmeriCorps Restoring Youth and Communities
							rations	DJJ Parole Operations
				lanager	; Program N	ine Turner	m to:	This form is due to Madeline Turner, Program Manager Mail original form to:

SAMPLE DOCUMENTS

7

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W

This form is due to Madeline Turner, Program Manager Mail original form to:

DJJ Parole Operations

AmeriCorps Restoring Youth and Communities

4241 Williamsbourgh Drive, Ste. 219 W

Sacramento, Ca. 95823

(916) 262-1363

(916) 262-1362 Fax

Service for the week of: May 25 - 31, 2009

AmeriCorps Member: JOHN DOE (Please Print Name)

Day	Date	Time In	Time Out	Time In	Time Out	Time In Time Out Time In Time Out # of Training Hrs	# of Service
Monday	25-May	11:00	3:00	4:00	7:00	7	0
Tuesday	26-May	8:00	12:00	1:00	2:00	80	0
Wednesday	27-May	8:00	12:00	1:00	2:00	80	0
Thursday	28-May	8:00	12:00	1:00	4:00	7	0
Friday	29-May	9:00	12:00	1:00	9:00	0	8
Saturday	30-May					0	0
Sunday	31-May					0	0
			To	Total Weekly Hours:	y Hours:	30	

I certify that all time posted is current and accurate to the best of my knowledge and belief and that the facts stated are accurate and in full compliance with AmeriCorps Restoring Youth and Communities requirements.

Date:	Date:
AmeriCorps Member Signature:	Site Supervisor Signature:

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

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Page	1	of	~

CDC .	1880					Sta	atement (n Reve	rse Side				Pa	ge <u>1</u> of	2_
CLAIMA	NT'S NA	ME					SSN OR EMP	LOYEE NUM	BER*			DEPART	MENT		
John		•		CBID			555-55-					CDC	R-DJJ/	AmeriC	
Ame	riCo	rps Member		COID			DJJ Par	ole Op		s - A	meriCo	rps		2301 TELEPHONE	
555		ngston Way					4241 W		. A	Driv	e, Suit	e 219V		(916) 2	262-1363
Sacr	amer	nto		CA	9581	3	Sacrame	ento					CA	2IP CODE 95823	
(1) MON		(3))	(4)	(5)	MEALS		(6)	(7)	TI	RANSPORT	ATION		(8)	(9)
(2)		LOCA			BREAK-		O.T.,L/T, N/C,RELO, OR	INCIDEN-	(A) COST OF	(B)	(C) CARFARE TOLLS,	PRIVAT	(D) E CAR USE	BUSINESS	TOTAL EXPENSES
DATE	TIME	WHERE EXPENSES		LODGING	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY
5/20		Sac Parole to parolee's h										20.00	11.700		11.700
5/25	8:00	Sacramento to Ontar	io			10.00	18.00		scc	А	9.0	0 10.00	5.850		42.850
5/26		Ontario		98.20	6.00	10.00	18.00	6.00			9.0	0			147.200
5/27		Ontario		98.20	6.00	10.00	18.00	6.00			9.0	0			147.200
5/28	19:30	and Return		98.20	6.00	10.00	18.00	6.00	scc	А	9.0	0 10.00	5.850		153.050
(10)		5	A			ł		1			_				
(10)		SUBTOTALS		294.60	18.00	40.00	72.00	18.00			36.0	0	23.40		502.00
		CLAIM TOTAL OF TRIP, REMARKS, ANI vity, AmeriCorps Training	D DETAILS (Attach re	eceipts/vouche	ers when re	equired)							\$		
(12) NOF		ORK HOURS	PCA PRO	JECT	WORK PHASE	OBJ AO	AMOUNT	ОВЈ АО	AMOUN	т ов	J AO AM	10UNT	OBJ AO	TNUOMA	TOTAL
	5X	EHICLE LICENSE No. \$55555 ATE CLAIMED													
	\$	0.55													
	OFFIC	Y ACCOUNTING. CE USE ONLY V. FUND CHECK No.													
(15)	DEDV	CERTIEV that the above	TOTAL	The same of the same of the same of	ansos isr	urad by	in accorde	with DDA	les in the	noise of t	ha State =/ :	`alifomi= '	f a privately	umad vahial	was used and
if m 075	ileage ra i0, 0751,	CERTIFY that the above is ates exceed the minimum, 0752, 0753, and 0754 p	n rate, I certify that th	e cost of ope afety and seat	rating the belt usage	vehicle was	equal to or g	reater than t	he rate claim	ned, and	that I have r	net the requ		prescribed by	
	vit'S SIG	GNATURE			DATE		(16) SIGNATU	RE OF OFFI	CER APPRO	OVING TE	RAVEL AND	PAYMENT		DATE	
					THE RESERVE AND ADDRESS.										

CDC 1880

INSTRUCTIONS

Expense accounts are to be submitted at least once a month and not more often than twice a month, expect where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel expenses must be claimed separately. A brief statement, one line if possible, of the purpose or objective, of the trip must be entered on the line immediately below the last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

MULTIPLE PAGES--If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "TOTALS" and "CLAIM TOTAL."

COLUMN ENTRIES

- MONTH/YEAR--Enter numerical designation of the month and last two digits of the year in which the first expenses on the form were incurred.
- (2) DATE/TIME.-Enter date and time of departure on the appropriate line using twenty-four-hour clock (example: 1700 = 5:00 PM). Show time of departure on date of departure, show time of return on the date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date show is a continuation of a trip, enter "Continuing" above that date, and where a trip is continued beyond the last date shown, white "Continuing" after the last date.
- LOCATIONS WHERE EXPENSES WERE INCURRED--Enter the name of the city, town, or location

 (3) where expenses where incurred. Abbreviations may be used.
- LODGING--Enter the actual cost of the lodging not to exceed the maximum amount authorized by current
- (4) Department of Personnel Administration (DPA) regulations, bargaining agreements, and detailed in the State Administrative Manual (SAM) Section 0721 to 0724. A receipt is required for any expenditure of \$25 or more.
- MEALS—Enter the actual cost of each meal not to exceed the maximum amount for each meal as

 (5) authorized by current DPA regulations, bargaining agreements, and detailed in the SAM Section 0761 to

 0763. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term,
 noncommercial and relocation daily meal expense.
 - OVERTIME MEAL AND BUSINESS RELATED MAIL--Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations and bargaining agreements. Refer to DPA Management Memos for receipt requirements.
- (6) INCIDENTALS—Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.
- (7) TRANSPORTATION--Purchase the least expensive round-trip or special rate ticket available. Otherwise the difference will be deducted from the claim. If you travel between the same points without using roundtrip tickets, an explanation should be given.
 - (A) COST OF TRANSPORTATION--Enter the cost of cash purchase of transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC" for credit card and "C" for cash. If transportation was paid by State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order, or "BSA" for billed to State agency. Attach all passenger coupons and ticket order stubs including unused portion of tickets, other credit documents, or premiums, where credits or refunds are due to the State.
 - TYPE OF TRANSPORTATION USED.—Enter method of transportation used. Use "R" for railway,
 (B) "B" for bus, airport or, light rail, or BART, "A" for scheduled commercial airline, "RA" for rental aircraft, "DA" for department-owned aircraft, "PC" for privately owned aircraft, "PC" for privately owned car, truck, or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle.

- Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursements will be allowed for motorcycles.
- (C) CARFARE, TOLLS, AND PARKING--Enter carfare, bridge tolls, and parking charges; attach a voucher for any parking charge in excess of \$6.00 for any one continuous period of parking.
- PRIVATE CAR USE--Enter number of miles travelled and amount due for mileage for the use of
 (D) privately owned automobiles as authorized by current agreements, regulations, and detailed in SAM
 Section 0754.
- (8) BUSINESS EXPENSE—Claims for phone calls must include the place and party called. If charge exceeds \$2.50, support by vouchers or other evidence. Emergency purchases of equipment, clothing or supplies, travel expenses of inmates, wards, or patients of institutions, and all other charges in excess of \$1.00 require receipts and explanation.
- (9) ENTER TOTAL EXPENSES FOR DAY
- (10) ENTER SUBTOTALS OR TOTALS
- (11) PURPOSE OF TRIP, REMARKS, OR DETAILS—Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.
- (12) NORMAL WORK HOURS--Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00 AM).
- (13) PRIVATE VEHICLE LICENSE NUMBER--Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752, and 0753 pertaining to operator requirements, vehicle safety, seat belt usage, and authorization.
- (14) MILEAGE RATE CLAIMED--Enter the rate of reimbursement being claimed for private vehicle use
- CLAIMANT'S CERTIFICATION AND SIGNATURE—Your signature certifies that expenses claimed (15) were actually incurred and that the cost of operating the vehicle is at or above the rate claimed.
- SIGNATURE OF OFFICER APPROVING PAYMENT--Certifies and authorizes travel; approves expenses
- SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES—When a claim for conference or convention expenses under Section 599,635 of the DPA regulations and detailed in SAM Section 0724 is included, or
- (17) when reimbursement of a business expense exceeds \$25.00 or when reimbursing for Bar dues or license fees is included, the signature of the approving officer is required, either on separate document attached to this claim or by signature in this block.

*PRIVACY STATEMENT

The information practices Act of 1977 (Civil Code Section 1798 17) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

AGENCY NAME: Appointing powers and the State Controller's Office (SCO).

UNITS RESPONSIBLE FOR MAINTENANCE: The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816.

AUTHORITY: The reimbursement of travel expenses is governed by Government Code Sections 19815,4(d), 19816, and 19820. These sections allow the Department of Personnel Administration (DPA) to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

PURPOSE: The information you furnish will allow the above-named agencies to reimburse you for expenses you incur while on official State business.

OTHER INFORMATION: While your social security number (SSN) and home address are voluntary information under Civil Code Section 1798.17, the absence of this information may cause payment of your claim to be delayed or rejected. You should contact your departments Accounting Office to determine the necessity for this information.



Participant Coaching Log

Name of AmeriCorps Member:	
AmeriCorps Member Parole Office:	

Participant Name [Printed]:

Participant Log – this form is to be filled out after <u>each and every</u> interaction with a program participant. This includes after a Discovery Group, one-on-one coaching session, including a meeting or phone conversation, or while performing a task together like traveling to a community organization meeting or participating in a community service project. In addition to documenting the nature of the interaction, it also allows for rating the participant's performance during the interaction, and space to describe what occurred, what was discussed, and what are the agreed upon next steps.

Date:	Duration:	Location:	What was discussed, or achieved? What Discovery Tasks/Steps were discussed/completed? What issues	Rating [1-10]*
			were identified, and what are the next steps?	
			,	
		30		
			,	
		2	·	

If more space is needed complete a second page.

[Participant Coaching Log 2/14/09]

YA Number:

TO BE SUBMITTED ON THE FIRST AND THIRD MONDAY OF EACH MONTH

^{*}Member rating on strength/effectiveness of interaction: **10 = most effective to 1 = least effective** For example, an interaction was conducted and was moderately effective, giving a "5" rating. You should indicate the reasons for an effective rating and for a poor rating.



Participant Coaching Log

Name of AmeriCorps Member: John Doe		
AmeriCorps Member Parole Office: Sacka mento		
Participant Name [Printed]: Christina Garcia YAI	Number:	

Date:	Duration:	Location:	What was discussed, or achieved? What Discovery Tasks/Steps were discussed/completed? What issues were identified, and what are the next steps?	Rating [1-10]*
3/2/0q	1.5 hrs	Yw.c.4	Able to discuss community service projects with "East side Heroes" (non-profit). Gave new resonnes to job opportunity.	5
3/14/09	ſ	Parole Office	set her up with community service through hospital/healthcare.	5
3/24/09	3.5 his	court	Support system in front of the judge, to lower her case and to find out it abilit phinature will allow her to do comm. sens with Acres. Indge obayed	7

Member rating on strength/effectiveness of interaction: 10 = most effective to 1 = least effective For example, an interaction was conducted and was moderately effective, giving a "5" rating. You should indicate the reasons for an effective rating and for a poor rating.

TO BE SUBMITTED ON THE FIRST AND THIRD MONDAY OF EACH MONTH



Community Organization Log

program and program participants, e.g., site for a service project, services for participants, job or internship for ongoing contact calls/meeting, with a community organization that an AmeriCorps Member engages with the Community Organization Log - this form is to be filled out for each contact, e.g., recruitment call/meeting, participant.

Date Submitted:			Type: Public, Type of Service Undertaken private, non-profit (e.g. as jobs, education, counseling, service project etc.)			[Community Organization Log 2/18/09]
Print Name	- 1	Print Parole Office Name	Contact Information			bage.
AmeriCorps Member:	AmeriCorps Member Parole Office		Organization Name			If more space is needed complete a second page.

UPDATES TO BE SUBMITTED ON THIS FORM ON THE FIRST AND THIRD MONDAY OF EACH MONTH



AmeriCorps Restoring Youth & Communities Community Organization Log

Date Submitted: 3-13-2009	
Print Name	
AmeriCorps Member:	

AmeriCorps Member Parole Office: SAC PAROLE OFFICE
Print Parole Office Name

Type of Service Undertaken (e.g. as jobs, education, counseling, service project etc.)			Provide counseling, group therapy, education, mentoring, and life skills training through spiritual and supervision and hands on caring.			
Type: Public, private, non-profit	Private, Non-Profit Youth Home for DJJ Parolees	Private, Non-Profit Youth Home for DJJ Parolees	Private, Non-Profit Counseling for DJJ Parolees			
Contact Information	Earl & Delores Barber (951) ★×× → ¬×××	Eld. Kitrick Taylor (951) XXX-XXX	Bill Degnan (909) XXX - XXXX			
Organization Name	Embassy House	Life's Youth Home	Operation New Hope			77

If more space is needed complete a second page. [Community Organization Log 2/18/09]



AmeriCorps Member Parole Office:

AmeriCorps Restoring Youth and Communities

Discovery Group Log

Discovery Group Log – the form is to be filled out after each Discovery Group meeting. It is used to document when and where the meeting occurred and how long it lasted, as well as who specifically attended. In addition, the form is used to rate the performance of the group as a whole, and space to describe what Discovery Steps/Tasks were covered, issues that came up in the group, and what actions were agreed upon to occur before the next meeting.

Members Facilitating Service Learning Group	Last Name	First Name	Initial(s)
AmeriCorps Member	Turner	Madeline	
AmeriCorps Member	Lee	Lori	

Meeting Date	3/11/09	Meeting Location	Sacramento Parole Office	
Start Time	3:00 pm	End Time	4:00 pm	

Sacramento

LAST NAME	FIRST NAME	YA NUMBER
Smith	John	81454
Jones	Jenny	90122
Green	Phyllis	82444
Supple	Chuck	87568
Garcia	Carolina	94557
Watkins	Reggie	91478



Discovery Group Log

Members Facilitating Service Learning Group	Last Name	First Name	Initial(s)
AmeriCorps Member	Doe	John	
AmeriCorps Member			

 AmeriCorps Member Parole Office: Suc Parole

 Meeting Date
 5/14/09
 Meeting Location
 MULTI-PURPOSE CENTER

 Start Time
 2PM
 End Time
 3PM

PARTICIPANT SI	GN IN RECORD [PRINT N	
LAST NAME	FIRST NAME	YA NUMBER
SALINAS	JESE	Probation
CARACOL	ALEXANDER	91036
3- 8		
	*	

GROUP MEETING NOTES/OUTCOMES: Member completes on page 2



Name of Participant: ___

YA number: _____

AmeriCorps Restoring Youth & Communities

Service Project Log

Service Project Log – this form is to be filled out each time a program participant participates in any community service activity, e.g., food drive for the homeless, cleaning up a park, bake sale for victim group. It does not necessarily have to be their Discovery Step Four self initiated service activity, but any community service involvement. Use one form for each participant to keep an ongoing log of their community service.

Date Submitted:

		Print l	Name Total Hours:	
Date	Hours	Location	Description of Service	Rating [1-10]*
				53
				11
-				
If more space is no	eded comple	ete a second page.	[Service Project Form	n 2/14/09]

*Member rating on strength/effectiveness of interaction: **10 = most effective to 1 = least effective** For example, an interaction was conducted and was moderately effective, giving a "5" rating. You should indicate the reasons for an effective rating and for a poor rating.

TO BE SUBMITTED ON THE FIRST AND THIRD MONDAY OF EACH MONTH



Service Project Log

	Print	Name	
YA number: _			Date Submitted: April 7, 2009_
AC Member:	John	Doe	Total Hours: 7

Date	Hours	Location	Description of Service	Rating [1-10]*
3-29-09	7	Arco Arena Sacramento CA.	Justin Wilson participated with Americorps in running a concession stand to help support a local little league baseball team earn money. His service was greatly appreciated. Justin has been doing a great job in volunteering with the Americorps program.	10

If more space is needed complete a second page.

[Service Project Form 2/14/09]

*Member rating on strength/effectiveness of interaction: 10 = most effective to 1 = least effective For example, an interaction was conducted and was moderately effective, giving a "5" rating. You should indicate the reasons for an effective rating and for a poor rating.



Division of Juvenile Justice AmeriCorps Restoring Youth & Communities

Volunteer Log – t program. This is show up several ti that period.	Volunteer Log – this form is to be filled or program. This is a running log of every show up several times on a sheet given dethat period.	out each volunte	Volunteer Log – this form is to be filled out each time an AmeriCorps Member has contact with a volunteer in the program. This is a running log of every volunteer and each of their specific involvement, i.e., a volunteer could show up several times on a sheet given depending on how many times they were involved in the program during that period.
Volunteer Log			
UPDATES TO BE SUBM	UPDATES TO BE SUBMITTED ON THIS FORM AT THE END OF EACH MONTH	AT THE E	ND OF EACH MONTH
☐ AmeriCorps Member:			Date Submitted:
	Print Name		
AmeriCorps Member Parole Office	ole Office Print Parole Office Name		
Volunteer Name	Contact Information	Hours Served	Specific Services Provided (e.g. service project, mentoring, tutoring, employment/educational advising
If more space is needed complete a second page.	cond page.		[Volunteer Log 2/15/09]

[Volunteer Log 2/15/09]



Division of Juvenile Justice AmeriCorps Restoring Youth & Communities

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PDATES TO BE SUBMITTED ON THIS FORM AT THE END OF EACH MONTH
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Date Submitted: 5/15/09_	
□ AmeriCorps Member: John Doe	

Member

AmeriCorps

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Office

Parole

Specific Services Provided (e.g. service project, mentoring, tutoring, employment/educational advising etc.)	Participated in group and was very involved with sharing his opinion and advice to the other participants.	Came to participate in administering the surveys into the community. The surveys are to find out what the community would like to see at the center and what programs they would like to have available for their children.			
Hours Served	2.5	2			
Contact Information Hours					
Volunteer Name	Mike Powell	Mike Powell			

A

AmeriCorps Restoring Youth and Communities

Participant Survey

you one time, please complete the survey so you and the participant can get credit and track any Participant Survey for each parolee that you have talked too. Even if they only saw

First Name Post (x) First Name True True True True True True	Date First Name Date First Name Date First Name True True True True Date First Name Date Fir	Date First Name Date First Name Date First Name True True True True Dot At All A Little True True Date First Name Date First	Initial(s)			Initial(s)	Much Very Much				×:					
	Surname Surname mproving their orld that I care about ple and my r r help me learn about n help me learn about n help solve ut how to solve	TRATING SURVEY PER (X) TRATING SURVEY Surname PS MEMBER) STATEMENTS STATEMENTS STATEMENTS SOUTH OF THE TOTALE AND GO OUT Of their way to help other people who go out of their way to help other people and for me to show other people that I care who go out of their way to help other people models is someone who is really involved in improving their ntry or the world ms in my community, the country, or the world that I care about t mistakes and difficulties to help other people and my e similar problems abilities that are valuable to my community nd organizations in my community who can help me learn about abilities that are valuable to my community the issue in particular and I want to do what I can to help my lved in my community in positive ways trying to help solve ce involved in my community to help others community leaders and help them figure out how to solve	First Name		Post(x)	First Name							,			
	Surname NTS To help other people To my community To help other people and To my community To help other people and To my community To help other people and To my community To help other people and I want to do what I To my to help others To mity to help others	Surname CIPANT NAME The (x) SMINSTRATING SURVEY SICORPS MEMBER) STATEMENTS Cother people besides myself Les it is hard for me to show other people that I care people who go out of their way to help other people BY role models is someone who is really involved in imprinity, country or the world Expoblems in my community, the country, or the world is my past mistakes and difficulties to help other people and ity solve similar problems STATEMENTS FORDING THE TO THE		Date		ame	Not A Tru		wing their	that I care about	nd my	me learn about	I can to help my	help solve	v to solve	



AmeriCorps Restoring Youth and Communities Participant Survey

Initial(s)	A			Initial(s)	Very Much True	X		×	X	X	x	X	×	×		×	X	X	X
				9	Pretty Much True		X												
First Name	Mark		Post(x)	First Name	A Little True										×				
Fin		3-18-09			Not At All True														
		Date		9					ng their	I care about	ny community		learn about	to help my	lp solve		solve		ed in the
Surname				Surname			ple that I care	nelp other people	ly involved in improvi	ntry, or the world that	nelp other people and r	ny community	munity who can help me helping others	I want to do what I can	itive ways trying to he	to help others	p them figure out how to solve	their lives around	background to get involved in the
	NAME		Pre (x)	PERSON ADMINSTRATING SURVEY (AMERICORPS MEMBER)	STATEMENTS	I care for other people besides myself	Sometimes it is hard for me to show other people that I care	I admire people who go out of their way to hel	One of my role models is someone who is really involved in improving their community, country or the world	There are problems in my community, the country, or the world that I care about	I can use my past mistakes and difficulties to help other people and my community solve similar problems	I have skills and abilities that are valuable to my community	I know people and organizations in my community who can help me learn about issues that I care about and get involved in helping others	I know a lot about one issue in particular and I want to do what I can to help my community	I have been involved in my community in positive ways trying to help solve problems	I plan to get more involved in my community to help others	I can work with community leaders and help t problems	I can help other young people like myself turn their lives around	There are opportunities for people with my ba
DA DETCIDA NE	FAKIICIFANI NAME	YA Number		ON ADMINSTRATING SUJ (AMERICORPS MEMBER)		I care for other pe	Sometimes it is ha	I admire people w	One of my role models is someon community, country or the world	There are problem	I can use my past mista solve similar problems	I have skills and a	I know people and issues that I care a	I know a lot about community	I have been involver problems	I plan to get more	I can work with c problems	I can help other y	There are opportu
				PERS			2	3	4	5	9	7	∞	6	10	11	12	13	41



Organization Information Sheet

Organization Basic Information Sheet- This needs to be filled out for EACH organization that you have been working with. We can not enter the information from your organization logs without this sheet on file.

Coordinating Member			
	(Print)		
Organization Name -			
	(Print)		
Organization Type -	***************************************		
(Public, private, non-profit)		(Print)	
Organization Contact Name:			
Last Name -	(D-:)		
First Name -	(Print)		
First Name -	(Print)		
Cell Phone Number -	(Time)		
	(Print)		
Office Phone Number -	. ,		
	(Print)		
E-mail Address -			
	(Print)		
Organization Address:			
Organization radices.			
Name -			
	(Print)		
Number -	2.2		No. et esco
	(Print)		
Street -	(D ()		
Cit	(Print)		
City -	(Print)		
County -	(Time)		
County	(Print)		
State -	,		
	(Print)		
ZIP -			
	(Print)		

 $Form\ to\ be\ completed\ by\ AmeriCorps\ Member\ for\ each\ new\ Organization,\ or\ for\ change\ of\ information.$



Organization Information Sheet

Coordinating Member -	- John	Doe	
Organization NameCo	(Print) Inty of San Ber	rnardino Transitional Assistance Department	
Organization Type - Public	(Print)		
(Public, private, non-profit)		(Print)	
Organization Contact Name			
Last Name - Blakely			
First NameGertrude	(Print)		
Cell Phone Number			
Office Phone Number _909)	(Print) 475-7133 (Print)		
E-mail Addressgblakel		ty.gov_	_
Organization Address:			
Name -			
Number _1585	(Print)		
Street E Highland Ave	(Print)		
City - San Bernardino	(Print)		
County - San Bernardino			
State - CA	(Print)		
ZIP - 92415			



Participant Basic Information Sheet

Participant Basic Information Sheet-Complete for ALL participants that you have had contact with. If this form is not completed, the computer will NOT accept any input or information about your participant, their activity or your Participant Survey Form. This is VERY important.

Participant YA Number			
	(Print)	11)	
Last Name -			
	(Print)		
First Name -	(D. ()		
Middle Name -	(Print)		
Middle Name -	(Print)		
Date of Birth -	(Time)		
	(Print)		
Gender -			
	(Print)		
Ethnicity	(5.i.)		
Ť	(Print)		
Language -	(Print)		
Address:	(Fillit)		
rider coo.			
Building Name -			
	(Print)		
Number -	(D.1.1)		
Street	(Print)		
Street -	(Print)		
City -	(Time)		
	(Print)		
County -			
	(Print)		
State -	(D: 4)		
ZIP -	(Print)		
	(Print)		
Cell Phone Number -	(Time)		
-	(Print)		
Home Phone Number -			
	(Print)		
E-mail Address -	(Print)		
Level of Education -	(Print)		
Level of Eddcacion	(Print)		
Work Experience -			
7 (A)	(Print)		
Coordinating Member	(5.1.)		
	(Print)		

Form to be completed by AmeriCorps Member for each new Participant, or for change of information.



Participant Basic Information Sheet

Participant YA Number:	
	(Print)
Last Name:	Garcia (Print)
First Name:	Timothy
riisi Name.	(Print)
Middle Name:	
D - 1 1 D: 11	(Print)
Date of Birth:	(Print)
Gender:	Male
Gender.	(Print)
Ethnicity:	White
Limitely.	(Print)
Language:	English
	(Print)
Address:	
Building Name:	
	(Print)
Number:	571
	(Print)
Street:	Rodeo DR. (Print)
Cib	
City:	Upland (Print)
County:	San Bernardino
Courty.	(Print)
State:	Ca
	(Print)
ZIP Code:	91786
	(Print)
Cell Phone Number:	
	(Print)
Home Phone Number:	(999) 555-5555 (Print)
Francii Addunasi	John das Auglina asia
Email Address:	John. doe @ yahoo.com
Level of Education:	High School Diploma
Level of Education.	(Print)
Work Experience:	none
	(Print)
Coordinating Member:	John Doe
	(Print)

Form to be completed by AmeriCorps Member for each new Organization, or for change of information.